



**SYMBIAN PRINT**

Client account application form

# Client account application form



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## Company Details

Company Name:	Company Number:
Trading Name:	Year Established:
Trading contact details	Accounts payable contact details (if different)
Address:	Address:
Post code:	Post code:
Tel:	Tel:
Fax:	Fax:
Monthly Credit Limit Required (inc Vat):	Payment Method:
Do you have any particular procedures to be followed in operation of the account?  e.g. order numbers, authorised persons, etc.	
Directors/Owners details (1) Address:	Directors/Owners details (1) Address:
Post Code:	Post Code:

## Acknowledgement

In consideration of opening a monthly credit facility the applicant agrees that:	
<ul style="list-style-type: none"><li>&gt; All transactions be subject to your standard terms and conditions</li><li>&gt; All invoices will be settled according to your 30 day credit terms.</li><li>&gt; All queries regarding invoices will be made in writing within 14 days of invoice date.</li><li>&gt; The applicant shall retain a copy of this application.</li></ul>	
Signed: Name:	Signed: Name:

## Office use only

Proposed by:	Account Number:
Approved by:	

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